

## Zambia



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Zambia is a landlocked country, covering an area of 752,612 square kilometres. It has a population estimated at 12.9 million in 2009 and an annual growth rate of 2.9% per annum divided almost equally between males and females (CSO Projection, 2003). The total fertility rate is high at 6.2 (ZDHS, 2007). It has a high dependency ratio with 47% of the total population under the age of 15 years. Thirty eight percent of the population lived in urban areas in 2006, which makes Zambia one of the most urbanized countries in the region. The system of Government is multiparty democracy and a market oriented economy.

### HEALTH & DEVELOPMENT

The huge burden of preventable and treatable disease continues to contribute to high morbidity and mortality, thereby negatively affecting socio-economic development. Health indicators have generally not improved since 1980. For example, life expectancy at birth in 1980 was 50.4 years for males and 52.5 years for females; in 1996, it was 46.2 years for males and 44.7 years for females, in 2007, it was 45 years for males and 47 years for females

Due to the past poor macroeconomic performance, health services remain under-funded. World Health Organization Commission on Macro-economics has estimated that a country such as Zambia needs a per capita expenditure on health of US \$33 in order to deliver the Basic Health Care Package. In 2000, the total per capita expenditure on health, from GRZ and Cooperating Partners (CPs), was estimated at \$10.8 and was projected to increase to \$12.0 by 2005. The actual per capita expenditure during the period 2001 to 2004 has however only averaged \$10.5. The Government has made a commitment to progressively increase annual funding for the health sector from the current 11.5% of the budget to 15%.

The change in the method of funding from basket funding to direct support means that cooperating partners direct their support towards the Ministry of Finance rather than directly to the Ministry of Health as was the case before. This has implications in that the release of funds from the Ministry of Finance and National Planning to MOH is usually delayed. This has been worsened by the abolition of user fees in rural health facilities which has contributed to a reduced total funding of health services.

The Central Statistics Office (CSO), 2004 Living Conditions Monitoring Survey Report showed that 68% of the population was below the poverty line. Most of this poverty was attributed to the inability to acquire food. However, Zambia has a great opportunity to expand and improve her economy and reduce poverty as the external reserves are expected to rise modestly. The improvement in external reserves and the implementation of the HIPC initiative have led to an increase in funding to Government sectors.

Total population	12,902,108
Gross National Income per Capita	US\$950
Life Expectancy at Birth m/f	45/47
Health Life Expectancy at Birth m/f	40/40
Probability of Dying Under Five Years of Age (per 1000 live births)	119
Probability of Dying Between 15-60 Years of Age m/f (per 1000 live births) m/f	702/666
Infant mortality rate (per 1000 live births)	103
Neonatal mortality rate (per 1000 live births)	70
Maternal mortality rate (per 100 000 live births)	591
Total expenditure on health per capita	63
Total expenditure on health as % of GDP	6.3

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> <li>Peace and political stability in the country;</li> <li>Macroeconomic stability and sustainable economic growth, leading to increased funding to the sector;</li> <li>Increased Government prioritization and funding to the health sector;</li> <li>Increased CPs support to SWAp and other programmes within the health sector.</li> </ul>	<ul style="list-style-type: none"> <li>Poor and un-attractive conditions of service;</li> <li>Emergence of a competitive local, regional and international market for health staff;</li> <li>Increased absence from work and high staff deaths attributable to the HIV/AIDS epidemic;</li> <li>Increasing demands on health staff due to increases in the numbers of HIV/AIDS patients.</li> </ul>

## PARTNERS

The main multi-lateral CPs in the health sector in Zambia are; World Bank, African Development Bank (ADB), European Union and UN Agencies, especially WHO, UNICEF, UNDP and UNFPA. The main bilateral CPs in the Health Sector are; United Kingdom (DFID), The Netherlands, Sweden (SIDA), Japan (JICA), USA (USAID), Denmark (DANIDA) and Ireland. Many of these partners have interest in supporting specific areas in health.

The Government of Zambia in collaboration with the Troika (WHO, DFID, Sida) has demonstrated leadership of health sector and has put in place a Sector-Wide Approach (SWAp) since 1994. This is in line with the "Paris Declaration on Aid effectiveness, 2005". The core elements of the Zambian SWAp mechanism are: common baskets funding mechanisms, harmonization of systems and procedures, strengthen resource allocation, resource mobilization, strengthen financial reporting mechanisms, capacity building and training and institutionalized policy dialogue. Under the SWAp mechanism, seven (7) indicators have been identified to monitor performance of the health sector.

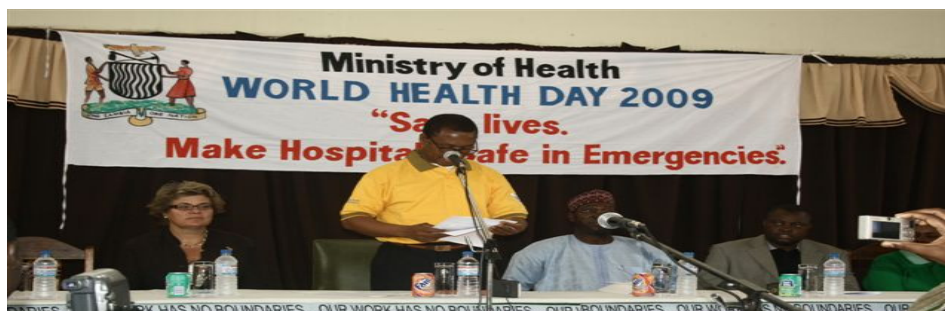
The MoH has developed a *Memorandum of Understanding* that defines the expectations of the Ministry of Health and those of the partners for improved harmonization. In order to strengthen Government ownership and leadership, partners engage the Ministry of Health at various forums namely, monthly Policy meetings, Sector Advisory Group (SAG) meetings, Annual Consultative meeting, Joint Annual Review (JAR) meeting, Monitoring and Evaluation (M&E) meeting and Minister's & Head of Mission meeting. The Government-led mechanism facilitates the exchange of information and policy dialogue between the Cooperating Partners and the Government on all matters related to the health sector.

The United Nations Development Assistance Framework (UNDAF), an umbrella programming mechanism of the UN Country Team, works in close cooperation with and has aligned its priorities to that of the Government. The current UNDAF, which reaffirms the commitment of UN Country Team to supporting the efforts of the Government and toward realizing the long-term national Vision 2015 goals, covers the period 2007-2010. The framework is also used for monitoring progress made by Government towards achieving MDG targets by 2015.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> <li>All cooperating partners (CPs), (donors, NGOs, Civil society) are true believers in Government's ability to implement the Reform process</li> <li>Coalition with cooperating partners not only feasible but sought by cooperating partners and is working well</li> <li>In general, CPs are satisfied with management and accountability of the central level and District Health Management Teams (DHMTs)</li> <li>Successes in service delivery exist and can be made more visible</li> <li>Professional associations such as the Nursing Council, Medical Council and Traditional Healers Association want a closer working relationship with Ministry of Health (MoH).</li> </ul>	<ul style="list-style-type: none"> <li>Parallel implementation and other systems by some CPs</li> <li>Inadequate buy-in into national plans and priorities by some CPs</li> <li>Confusion brought about is some cases by conflicting and changing donor policies;</li> <li>Displaced local priorities as donors' preferences prevailed over national health priorities.</li> <li>Geographic inequalities through the targeting of assistance to favoured areas and populations; also donor insistence on their resources to be used for a targeted few interventions which has resulted in no investment in health systems strengthening</li> </ul>

## WHO STRATEGIC AGENDA (2008-2013)

- Strengthen control of HIV/AIDS, Tuberculosis, and Malaria
- Support efforts to reduce the burden of communicable diseases including vaccine preventable diseases
- Support efforts to reduce maternal, newborn and child morbidity and mortality and to improve sexual reproductive health and nutrition in children and women
- Support efforts to reduce the consequences of emergencies, disasters, crises and conflicts and minimize the social and economic impact
- Support efforts to reduce diseases, disability, and premature deaths from chronic noncommunicable conditions, mental disorders, violence and injuries
- Support health systems strengthening, budgeting, accountability and service delivery
- Support health systems research
- Provide leadership, strengthen governance and foster partnerships



## ADDITIONAL INFORMATION

WHO country page <http://www.who.int/countries/zmb/en/>

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WHO/DGR/CCO/09.03/Zambia

Updated: August 2009